



OCT 15 2003 4:05PM

MEDTRONIC LAW DEPT

NO. 7344 P. 4/4

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents  
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Fax (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Type, legibly print, or attach any corrections to the block):

27581 7590 07/18/2003

MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
MINNEAPOLIS, MN 55432-5604

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I hereby certify that (1) this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Ironic Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Kathleen M. Altman

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	PILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/945,179 08/30/2001 Todd J. Sheldon P-8729 2977

TITLE OF INVENTION: ISCHEMIA DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1300 \$300 \$1600 10/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
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GETZOW, SCOTT M 3762 600-513000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.

3. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Girma Wolde-Michael

2. Paul H. McDowell

3. Michael C. Soldner

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10 Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 3-75440 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Paul H. McDowell (34,873) (Date) 15 Sep 03

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PTO-85 (REV. 03-03) Approved for use through 04/30/2004. OMB 0651-0033

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02 FE/1504	300.00 DA	300.00 DA
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